

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service 11-16-01.
b. The request was received on 8-5-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. Response to a Request for Dispute Resolution
 - b. EOBs
 - c. Medical Records
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 9-9-02. The response from the insurance carrier was received in the Division on 9-20-02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information Submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 9-4-02:
"The reason code 01999 is being used is that it correctly identifies the anesthetic technique, as well as, the surgical approach when one is performing a lumbar facet injection. The technique involved in performing a facet injection, both from the anesthetic standpoint as well as from the technical standpoint, is identical to the approach and technique used for a lumbar discogram."
2. Respondent: Letter dated 9-20-02:
"THE PROVIDER BILLED, FOR DATE 11/16/01. THE ANESHTESIA [SIC] WAS BILLED FOR \$200.00, USING AN UNLISTED CODE. THE CARRIER DID REVIEW THIS, AND DETERMINED THAT THIS WOULD BE A PAYABLE BASED ON THE ANESHTESIA [SIC] RECORD THAT INDICATES THAT THE PROCEDURE START-TO-STOP-TIME IS 15 MINUTES, AND THE PROVIDER WAS PAID ON 7/23/02 FOR \$40.00 FOR 1 UNIT OF ANESTHESIA. THE PROVIDER STATES THAT THE SPINAL PROCEDURE SHOULD BE REVIEWED AS SAME AS A MYELOGRAM – HOWEVER THIS IS NOT THE CASE PER THE MFG."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 11-16-01.
2. The carrier denied the billed services as reflected on the EOBs as “N – ANESTHESIA PROVIDED FOR A SURFACE PROCEDURE WILL BE REIMBURSED FOR UNITS BASED ON TIME, PHYSICAL STATUS AND QUALIFYING CIRCUMSTANCES”; “N – LENGTH OF TIME FOR ANESTHESIA PROCEDURE NEEDED TO PAY ADDITIONAL BENEFITS”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILL ED	PAID	EOB Denial Code(s))	MA R\$	REFERENCE	RATIONALE:
11-16-01	01999	\$200.00	\$40.00	N	DOP	MFG: Anesthesia Ground Rules (VI) (A) (2); CPT Descriptor	<p>The carrier has denied the disputed service as “N – ANESTHESIA PROVIDED FOR A SURFACE PROCEDURE WILL BE REIMBURSED FOR UNITS BASED ON TIME, PHYSICAL STATUS AND QUALIFYING CIRCUMSTANCES” and “N – LENGTH OF TIME FOR ANESTHESIA PROCEDURE NEEDED TO PAY ADDITIONAL BENEFITS”.</p> <p>Documentation supports that conscious sedation was performed during the procedure. Procedure start time was noted as 07:21 and procedure stop time was noted as 07:36. The MFG required billing information includes that the total units shall appear in the units column of the bill and the total anesthesia time (in minutes) shall be listed on the bill. The HCFA reflected total units billed as one (1); however, the total anesthesia minutes were not noted.</p> <p>Therefore, no additional reimbursement is recommended.</p>
Totals		\$200.00	\$40.00				The Requestor is not entitled to additional reimbursement.

MDR: M4-02-4922-01

The above Findings and Decision are hereby issued this 10th day of January 2003.

Lesa Lenart
Medical Dispute Resolution Officer
Medical Review Division